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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CAYMAN ISLANDS	SHEETS DRAWING 3	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

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**TITLE**

DELETERIOUSLY AFFECTING MEMBERS OF A TARGET SPECIES BY EXPOSURE TO A COMPONENT OF SYMBIONT OR FOOD SOURCE OF AN ADJOINER SPECIES THAT IS SYMBIOTIC WITH THE TARGET SPECIES

FILING FEE RECEIVED 3559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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